

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION  
OFFICE OF WORKERS' COMPENSATION PROGRAMS  
201 VARICK STREET 7TH FLOOR  
NEW YORK NY 10014  
TELEPHONE # (212) 337-2075



November 16, 1988

File Number: [REDACTED]  
Date of Injury: 06/21/88  
Accepted Conditions: KERATOCONJUNCT EYES  
MULTIPLE CHEMICAL SE

STEPHEN J. FEIN  
522 SHORE RD  
LONG BEACH, NY 11561

Dear Mr. Fein:

This is to advise you that the Office of Workers' Compensation Programs (OWCP) has accepted the condition(s) identified above as resulting from your employment injury. Compensation for wage loss has been authorized through 11/19/88. You have been placed on the periodic compensation rolls and will receive a compensation check for the period from 11/20/88 through 12/17/88. Compensation will be paid thereafter at four week intervals. Additional information concerning your periodic compensation payments will be provided by separate letter.

The acceptance of your claim and the payment of compensation by this Office in no way alters your employment status with your employing agency. Unless your agency has notified you otherwise, you continue to be an employee of that agency and subject to its personnel rules and practices.

A claimant who is unable to perform the duties of the job held at the time of injury but who is able to perform other work is expected to seek such suitable work as soon as medically able. Section 8106(a) of the Federal Employees' Compensation Act provides that a partially disabled employee shall be paid compensation on the basis of the difference between the monthly pay and the employee's wage-earning capacity as determined by the Office or by the employee's actual earnings. Compensation is paid at the rate of two-thirds for employees without dependents and three-fourths for employees with one or more dependents.

If you have not already done so, you should contact your employing agency to determine whether it has specific light/limited duty positions available for partially disabled employees, and also whether it is willing to modify your usual job to accommodate the work restrictions caused by your injury. If your agency advises it has specific light/limited duty positions, you should ask your agency to send a copy of the position description, including the physical and any special emotional requirements of the duties, to you and to your attending physician. You should then ask your physician whether and

DEPARTMENT OF THE NAVY  
NAVAL STATION  
ATTN: CON CIV PERS OFFICE  
BLDG 75/1 NAVAL BASE  
PHILADELPHIA, PA 19112



File Number: [REDACTED]  
Employee: STEPHEN J. FEIN

when you will be able to perform such duties.

If the agency advises that it is willing to accommodate your restrictions, you should make this fact known to your physician and ask the physician to specify the restrictions caused by the injury. Once you are able to perform light, limited, or modified duty, you should report to your agency seeking such duty. If you receive an offer of light or limited duty from your agency, you should advise OWCP in writing of your decision either to accept or refuse the position offered at the time that you notify your agency.

Depending on the nature and extent of your disability and the quality of the medical evidence submitted in your case, OWCP may refer you for a second opinion medical examination. If a second opinion examination is necessary in your case, you will be advised in writing of the place, date and time of the examination. It will be performed by an OWCP-selected independent physician specializing in the medical field appropriate to your injury.

If you have any questions concerning your claim, please contact this office at the address or telephone number shown at the top of the preceding page.

Sincerely,

PAT RUSH  
CLAIMS EXAMINER